



SUMMARY

Summit Choice Healthcare Program - Plan Option 2: Apex Advantage + Sedera Medical Cost Sharing

- The Apex Advantage plans are paired with Sedera Level 3 pricing
 - Choose one of the Apex Advantage plans on page 3
 - Choose one of the Sedera Medical Cost Sharing plans on page 4
- **To calculate your total monthly cost, add the Apex plan cost from page 3 to the Sedera plan cost from page 4**

Apex Advantage Plan: Provides 100% coverage for preventive care, copayments for small and medium cost medical expenses, and prescription coverage.

<p><u>Preventative Care:</u> 21 Preventive Care services for Adults 28 Preventive Care services for Women 31 Preventive Care Services for Children Click here to view a complete list of covered preventative care services, as required by PPACA.</p> <p><u>Copayments for additional services:</u> Primary Care: \$20 Copay max 3 visits per calendar year Specialists Copay: \$50 Copay, max 3 visits per calendar year Urgent Care: \$50 Copay, max 3 visits per calendar year Lab and Imaging: \$50 Copay (By Date of Service), max, 5 services per calendar year *CT Scan or MRI: \$200 Copay, max 1 service per calendar year</p>	<p><u>Prescription Coverages:</u> Tier 1: Low Cost Generic: \$1 Copay Tier 2: Generic: 10% Coinsurance Tier 3: Preferred Brand: 20% Coinsurance Tier 4: Non-Preferred Brand: 40% Coinsurance Tier 5: Preferred Specialty, Generic and Brand: Plan pays 90% to a max benefit of \$150 Tier 6: Non Preferred, Generic and Brand: Plan pays 80% to a max benefit of \$250</p> <p><u>Tax Advantaged Medical Savings Account:</u> Not Available</p>
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Sedera Health Medical Cost Sharing: is not insurance and is specific to the Sedera Health membership community. Medical cost sharing is a group of people who come together to share each other's medical costs when they become unaffordable. Originally ministry based, this successful model has been around for over thirty years with a proven track record.

Members are responsible for their Initial Unshareable Amount (IUA) for up to 3 needs per individual per year or 5 needs per individual & dependent(s) per year. There are no IUAs for subsequent needs.


Schedule of Benefits



Advantage Plan

Preventive Benefits – Covers all mandated Preventive benefits required by PPACA

For a complete list of covered preventive care services, please visit: www.Healthcare.gov/center/regulations/prevention.html

21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	
PPO Network: PHCS	
Primary Care Office Visit	\$20 Copay (Max 3 visits per calendar year)
Specialists Office Visit	\$50 Copay (Max 3 visits per calendar year)
Urgent Care	\$50 Copay (Max 3 visits per calendar year)
Diagnostic X-Ray & Laboratory Services	\$50 Copay by Date of Service (Max of 5 Services per calendar year)
*CT Scan or MRI	\$200 Copay (Max 1 MRI or CT Scan per calendar year)

*** Note on Advantage Plan:** 3D MRIs are not covered. Enhanced imaging services, the use of a contrast material to enhance the MRI or CT Scan is not a covered service. The base MRI or CT Scan only are covered.

Prescription Drug Benefits - WelldyneRx®

Tier 1 – Low Cost Generics	\$1 Copay
Tier 2 - Generics	10% Coinsurance
Tier 3 - Preferred Brand	20% Coinsurance
Tier 4 – Non-Preferred Brand	40% Coinsurance
Tier 5 – Specialty, Generic and Preferred	10% Coinsurance (Plan pays 90% up to a max of \$150 per Rx)
Tier 6 – Non-Preferred Specialty	20 % Coinsurance (Plan pays 80% up to a max of \$250 per Rx)

Monthly Contributions

Member Only	\$144.64
Member + Spouse	\$230.86
Member + Child(ren)	\$214.53
Member + Family	\$307.45



SEDERA ACCESS Level 3 Pricing (Per Month)

Non-Tobacco Use (Tobacco use add \$75 Surcharge)

\$500 Initial Unshareable Amount (IUA)

	18-29	30-39	40-49	50-59	60-64
Member Only	167.35	189.79	212.24	258.16	462.24
M + Spouse	318.36	364.28	409.18	500.00	908.16
M + Child(ren)	308.16	351.02	394.89	480.61	868.36
M + Family	465.30	530.61	596.93	728.57	1320.40

\$1,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	160.20	183.67	190.81	229.59	413.26
MS	306.12	352.04	367.34	443.87	811.22
MC	295.92	339.79	354.08	426.53	775.50
MF	446.94	513.26	535.71	645.91	1178.56

\$1,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	144.90	168.37	175.51	214.28	389.79
MS	275.51	321.43	336.73	413.26	765.30
MC	267.34	310.20	325.51	397.96	732.65
MF	402.04	468.36	490.81	602.04	1112.24

\$2,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	129.59	140.82	156.12	193.88	355.10
MS	244.90	266.32	296.94	373.47	694.89
MC	237.75	258.16	287.75	360.20	665.30
MF	358.16	388.77	433.67	543.87	1010.20

\$5,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	97.96	120.41	138.77	158.16	287.75
MS	186.73	230.61	354.08	290.81	550.00
MC	177.55	220.41	244.90	281.63	527.55
MF	266.32	330.61	369.38	425.51	799.99

**Members will pay IUAs for up to 3 needs/individual/year or 5 needs/individual plus dependent(s)/year.
There are no IUAs for subsequent needs.**